## PART B - FEE(S) TRANSMITTAL

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						1)-273-2885					
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
7590 08/29/2006											
Edward A. Meilman DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 41st Floor 1177 Avenue of the Americas						I hereby certify that this Pec(s) Transmitsion I hereby certify that this Pec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
New York, NY 10036-2714						(Depositor's name)					
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						(Date)					
APPLICATION NO.	FIRST NAMED INVEN										
10/632,969			<u> </u>								
10/632,969 08/04/2003 Satishchandra P TITLE OF INVENTION: PHARMACEUTICAL COMPOSITIONS						Patel M0025.0294/P0294 4463					
APPLN, TYPE	SMALL ENTITY		CULTURE DATE	In the second	1						
		ISSUE FEE DUE		PUBLICATION FEE DU				TOTAL FEE(S) DUE	I	DATE DUE	
nonprovisional	YES \$700			\$300	\$0			\$1000	1	1/29/2006	
EXAMINER			ART UNIT CLASS-SUBCLAS		╝						
WAX, ROBERT A 1653 51											
Change of correspondence address or indication of "Pee Address" (37 CFR 1.56).    Change of correspondence address for Change of Correspondence Address form PTOSB/12) attached.    Tee Address "indication for "Pee Address" Indication form PTOSB/47; Rev 03-62 or more recent) attached. Use of a Customer Number's required.				2. For printing on the patient front page, list (1) the names of up to 3 registered patient atterneys or agents OR, alternatively.  2) the name of a single firm (thaving as a member a 2 registered patient attention, or agents. If no name is listed, to name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)											
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)											
Please check the appropriate assignee category or categories (will not be printed on the patent): 💆 Individual 🗆 Corporation or other private group entity 🔾 Government											
4a. The following fee(s) are submitted: 4b. Payment of Fee(s):						se first reapply an	y prev	iously paid issue fee s	hown abo	ove)	
A check is encle Publication Fee (No small entity discount permitted)  Payment by cree											
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5. Change in Entity Status  a. Applicant claims S	MALL ENTITY status	s. Sec	37 CFR 1.27.	☐ b. Applicant is no	longe	er claiming SMAL	L ENI	TTY status. See 37 CF	R 1.27(g)	(2).	
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Authorized Signature	Elward (	M	Lechiia			Date	ıΪ	15/06			
Typed or printed name _	Edward	1		man		Registration No		24,735			
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